

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Family Support Services of North Florida - Services to At-Risk Youth or Those in Out of Home Care

2. Date of Submission: 11/14/2017

3. House Member Sponsor: W. Cummings

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No

If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E

b. What is the most recent fiscal year the project was funded?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					256,000	256,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Corrective Action Plans (CAP) will be requested for noncompliance, nonperformance, or unacceptable performance under the contract agreement. FSSNF may choose to impose incremental financial penalties based upon the severity of noncompliance/performance. The penalty, if imposed, shall not exceed ten percent (10%) of the total contract payments during the period in which the CAP has not been implemented or in which acceptable progress toward implementation has not been made.

6. Requester:

- a. Name: E. Lee Kaywork
- b. Organization: Family Support Services of North Florida, Inc.
- c. Email: lee.kaywork@fssnf.org
- d. Phone #: (904)421-5800

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Sarah Markman
- b. Organization: Family Support Services of North Florida, Inc.
- c. Email: sarah.markman@fssnf.org
- d. Phone #: (904)418-5825

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Georgia McKeown
- b. Firm: GA McKeown & Associates
- c. Email: georgia@gamckeown.com
- d. Phone #: (904)303-1611

9. Organization or Name of entity receiving funds:

- a. Name: Family Support Services of North Florida, Inc.
- b. County (County where funds are to be expended): Duval, Nassau
- c. Service Area (Counties being served by the service(s) provided with funding): Duval, Nassau

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)

- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Development of a pilot model foster care program in circuit 4, to provide a structured environment for high risk teens in out of home care exhibiting, chronic delinquency, conduct disorders, externalizing behaviors, violence, victimization. Goals: reduce placement disruptions; increase compliance with juvenile probation; reduce number of youth placed in group homes; reduce high risk behaviors (e.g., runaway, new arrest, teen pregnancy, psychiatric hospitalization); increase school stability.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Marketing/Recruitment of specialized foster homes	25,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	On-call crisis stabilization services - \$63,000 Enhanced wraparound case management services - \$168,000	231,000

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		256,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Jax System of Care Initiative was implemented in 2010 to bring together families & community stakeholders to identify gaps & realize how to transform the system so all children/families receive services they need by increasing access & reducing barriers to care while providing services in a family driven, youth guided & culturally responsive way. Accomplishments: Medical Home, Pediatric/Psychiatric Collaborative Model, High Fidelity Wraparound Care Coord for youth in child welfare & DJJ systems

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Documented studies include: Jacksonville Community Council Inc., Unlocking the Pieces: Community Mental Health in Northeast Florida, 2010; Community Health Needs Assessment (Health Planning Council), 2016

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Provide services to improve the mental, physical, and emotional well-being of the children and youth; reduce the number of licensed out of home care placement disruptions for children and youth; reduce the number of children and youth placed in group home facilities;

provide enhanced services to stabilize high-risk youth behaviors that hinder permanency and well-being; strengthen the family unit after reunification to alleviate further contact with the DCF & delinquency recidivism with DJJ.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Specialized targeted marketing, recruitment, and training of foster homes; on-call crisis stabilization with licensed mental health providers; transportation; enhanced wraparound case management services; appropriate placement matching based on youth input and child specific needs.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Commercial Sexual Exploitation of Children (CSEC); LGBTQ youth; crossover youth dually involved with

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200

- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Ensure youth receive medical, dental, and specialty care as needed.	Number of youth that receive 72 hour medical appointment and/or annual exam, bi-annual dental exam, and specialty care as recommended.
<input checked="" type="checkbox"/> Improve mental health	Each minor child will receive a comprehensive behavior health assessment, and a bio-psychosocial health assessment. Each minor child will receive enhanced wraparound case management services, psychiatric services and medication management as necessary. Youth will have access to crisis-stabilization services with mental health professionals. Youth will be placed in a model foster home.	Active participation in mental health services; reduced or no psychiatric hospitalization. Number of placement disruptions. Number of reduced high-risk behaviors to include runaways, new teen pregnancy.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Ensure active compliance with juvenile delinquency court ordered	Satisfactorily complete court ordered juvenile probation. No new arrests,

	probation.	no juvenile commitment incarceration.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Youth will receive enhanced wraparound case management services with direct contact hours to ensure juvenile delinquency probation compliance and reduce recidivism by no new arrests.	Number of new arrests and/or incarcerations
<input checked="" type="checkbox"/> Reduce substance abuse	Youth will receive enhanced wraparound case management services with substance abuse treatment as necessary.	Number of negative drug screens.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	management services and will participate in multidisciplinary staffings with the Department of Juvenile Justice and Department of Children and Families to determine service needs and divert from juvenile justice system.	Number of youth in diversion programs.
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		

<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Normalcy activities for youth enrichment and life skills training.	Youth will have opportunities to participate in life skills training and youth enrichment activities to include extracurricular community activities and teen life skill programs and camps.	Number of youth enrolled in extracurricular activities, number of youth enrolled in teen enrichment programs and camps.

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	256,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	256,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No